

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>David E. Mack</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DAVID E. MACK</i></p> <p>C. Date of Delivery <i>4/25/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>4:14cv200 #7</i></p>	
<p>1. Article Addressed to:</p> <p><i>APR 28 2014 U.S. DISTRICT COURT CLERK'S OFFICE DAVID J. MALAND, CLERK DEPUTY CLERK</i></p> <p><i>David E. Mack 7720 McCallum Blvd. No. 2099 Dallas, Tx 75252</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7013 3020 0001 2030 8077</i></p>			
PS Form 3811, July 2013		Domestic Return Receipt	